

**STATEMENT OF DISCLOSURE OF INTERESTS
STATE AND LOCAL OFFICE HOLDERS, CANDIDATES AND APPOINTEES TO SUCH POSITIONS,
NON-GENERAL ASSEMBLY MEMBERS, ETC.**

Please see the attached Instructions before completing this form (the failure to timely and properly submit the required disclosure statement can, under T.C.A. §3-6-205, result in the imposition of civil penalties in amounts up to \$10,000). Attach additional pages as necessary. Note that this disclosure statement must be signed and the signature attested to by a witness in item 13. In addition, please be aware that the information listed on this statement may be posted on the Commission's website pursuant to T.C.A. § 8-50-501(d)(3).

1. NAME OF OFFICIAL OR CANDIDATEGeorge Shea Flynn III**2. PHONE NUMBER**901-461-2314**3. ADDRESS (Street or Rural Route****City****State****Zip Code)**275 Goodwyn Memphis TN 38111**4. TITLE OF OFFICE HELD OR SOUGHT (Include district number, if applicable. If local office, include name of county or municipality)**TN State Senate District 30**5. SOURCES OF INCOME**

a. List major source(s) of private income of more than \$1,000 and that of your spouse or minor child residing with you. "Major sources of private income" include, but are not limited to, offices, directorships and salaried employments. No dollar amounts need to be stated.

Flynn Broadcasting Corporation**6. INVESTMENTS: List any investment by you, your spouse or minor children residing with you in any corporation or other business organization in excess of ten thousand dollars (\$10,000) or five percent (5%) of the total capital. The name of the corporation or organization must be listed but no dollar amounts or percentages of the investment need be stated.**

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7. **LOBBYING:** List any person, firm or organization for whom compensated lobbying is done by any associate, your spouse or minor children residing with you. Also, list any firm in which you, your spouse or minor children residing with you hold any interest for whom compensated lobbying is done. Explain the terms of any such employment, the subject matters lobbied and/or the measures to be supported or opposed.

N/A

8. **PROFESSIONAL SERVICES:** List in general terms (by areas of the client's interests) the entities to which professional services, such as those of an attorney, accountant or architect, are furnished by you or your spouse.

Flux Broadcasting Corp

Diagnostic Ultrasound Consultants

9. **RETAINER FEES:** List any retainer fee you receive from any person, firm or organization who is in the practice of promoting or opposing, influencing or attempting to influence directly or indirectly, the passage or defeat of any legislation before the Tennessee General Assembly, the legislative committees or the members thereof.

N/A

10. **BANKRUPTCY:** List any adjudication of bankruptcy or discharge received in any United States district court within five (5) years of the date of this report.

N/A

11. **LOANS:** List any loan or combination of loans for more than one thousand dollars (\$1,000) from the same source made in the previous calendar year to you, your spouse or minor children residing with you. Loans need not be disclosed on this report if they are:

- (1) From your immediate family (spouse, parent, sibling or child);
- (2) From a federally insured financial institution or made in accordance with existing law in the ordinary course of doing business of making loans. The loan must bear the usual and customary rate of interest, be made on a basis which assures repayment, evidenced by a written instrument and subject to a due date or amortization schedule;
- (3) Secured by a recorded security interest in collateral, bearing the usual and customary interest rate of the lender and made on a basis which assures repayment, evidenced by a written instrument and subject to a due date and amortization schedule;
- (4) From a partnership in which you have at least ten percent (10%) partnership interest;
- (5) From a corporation in which more than fifty percent (50%) of the outstanding voting shares are owned by you or by your immediate family (spouse, parent, sibling or child).

N/A



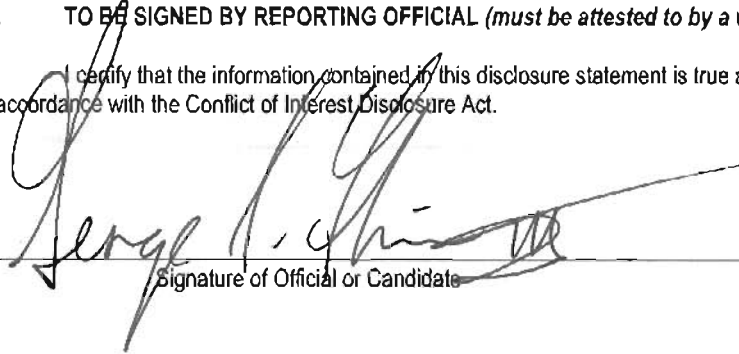
12. **NO CHANGES IN ITEMS 5 - 11** (*Check if applicable; this box can only be used if you have previously filed directly with the state Ethics Commission*):

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There have been no changes in the conditions listed in Items 5 - 11 since my previous report to the Tennessee Ethics Commission.

13. **TO BE SIGNED BY REPORTING OFFICIAL** (*must be attested to by a witness*)

I certify that the information contained in this disclosure statement is true and that it is a complete and accurate report in accordance with the Conflict of Interest Disclosure Act.




Signature of Official or Candidate

1/16/07
Date

Donald Biggs
(Printed Name of Witness)

the undersigned, do hereby witness the above signature, which was signed in my presence:



Signature of Witness

1/16/07
Date

